

Delaware Medicare Supplement Insurance Shopper's Guide 2017

Delaware Medicare Assistance Bureau
"DMAB"



State Health Insurance Assistance Program
A Program of the Delaware Department of Insurance

Insurance Commissioner Trinidad Navarro

A MESSAGE FROM DELAWARE'S INSURANCE COMMISSIONER



Greetings;

As a service to all Delawareans, our office has put together the annual Delaware Medicare Supplement Insurance Shoppers Guide. The 2017 edition contains the most up to date information for those shopping for insurance to supplement Medicare coverage.

This guide contains price comparisons and toll free telephone numbers for all Medigap policies. Keep in mind, your gender and tobacco use will have an effect on your premiums, and rates may change during the year.

Medicare is a Federal program, but our Delaware Medicare Assistance Bureau (DMAB) division can provide you with individual and personal assistance while trying to navigate the Federal program. **Our DMAB services are free of charge.**

People eligible for Medicare will continue to obtain and retain coverage through the Centers for Medicare and Medicaid Services (CMS) and in most cases, are not eligible for the Affordable Care Act (commonly known as Obama Care).

Our DMAB toll-free hotline number is **(800) 336-9500**. You can access your 2017 Medicare Supplement Guide on the web at insurance.delaware.gov/dmab, or call to have the guide mailed to you. You can also stop by our Dover office at 841 Silver Lake Boulevard, or our Wilmington Office in the Nemours Building at 1007 N. Orange Street, 10th floor, to pick up your copy.

Please call us if you have any questions regarding Medicare, Medicaid, Medigap, long-term care, and the new Federal reforms.

Yours truly,

A handwritten signature in blue ink that reads "Trinidad Navarro".

Trinidad Navarro
Insurance Commissioner

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Insurance Matters *eNewsletter*

To stay current about insurance issues affecting you, sign up for the Department of Insurance online newsletter.

Visit <http://insurance.delaware.gov/signup.shtml>.

DMAB COUNSELING SITES

While Medicare is a federal program, the department's DMAB division can help Delawareans with Medicare make sense of the complex health insurance system. All DMAB services are completely free.

Following, is a listing of participating DMAB counseling sites throughout Delaware. For the name of the counselor and counseling hours at the site nearest you, please call (800) 336-9500. If you are not able to visit the site, a counselor will call you to answer your questions.

Counselors with DMAB are volunteers who have completed extensive training on health insurance. Counselors provide one-on-one assistance in an objective and confidential manner.

NEW CASTLE COUNTY

M.O.T. Senior Center
300 S. Scott Street
Middletown

*Jewish Family Services
99 Passmore Rd
Wilmington

Newark Senior Center
200 White Chapel Road
Newark

*St. Anthony's Senior Center
1703 W. 10th Street
Wilmington

*Weston Senior Center
1 Bassett Ave.
New Castle, DE

KENT COUNTY

Milford Senior Center
111 Park Avenue
Milford

Modern Maturity Center
1121 Forrest Ave.
Dover

SUSSEX COUNTY

*Lewes Library
111 Adams Ave.
Lewes

ARE YOU INTERESTED IN HELPING OTHERS WITHIN YOUR COMMUNITY WITH QUESTIONS REGARDING MEDICARE?

Free Medicare training for volunteers. No experience necessary. Call today to learn about volunteer opportunities 1-800-336-9500

*Please do not contact the counseling site directly.

ABOUT MEDICARE

WHAT IS MEDICARE?

Medicare is a federal health insurance program for people 65 years of age or older, people of any age with permanent kidney failure, and certain disabled people under age 65. The Centers for Medicare & Medicaid Services, part of the U.S. Department of Health and Human Services, manages Medicare.

Medicare was never intended to pay 100% of medical bills. It forms the foundation for beneficiaries' protection against heavy medical expenses. There are "gaps" in Medicare coverage where the beneficiary must pay a portion of expenses. Medicare supplement insurance, also called Medigap, can help cover these expenses. The Delaware Insurance Department regulates this type of plan.

HOW IS MEDICARE DIVIDED?

Medicare has four parts:

- ◆ Hospital insurance (Part A)
- ◆ Medical insurance (Part B)
- ◆ Medicare Advantage Plans (Part C)
- ◆ Medicare prescription drug coverage (Part D)

PART A

Medicare Part A helps pay for medically necessary care in the following areas: inpatient hospital care; inpatient stays in a skilled nursing facility following a hospital stay (**not custodial or long-term care**); home health care services; hospice care and blood.

Limitations exist on the number of hospital or skilled-nursing facility care days Medicare helps pay for in a benefit period. Most people do not pay a premium for this coverage – it is generally covered by the federal government.

PART B

Medicare Part B includes doctors' services; outpatient hospital services; emergency room care; diagnostic tests; durable medical equipment; ambulance services; and many other services and supplies not covered by Medicare Part A.

Medicare Part B has a monthly premium. In 2017, most people will pay the standard monthly Part B premium of \$109. However, you will pay a higher premium of \$134 if you enroll into Part B for the first time in 2017, or not collecting Social Security benefits. If you file an individual tax return and your annual income is more than \$85,000, or if you are married filing a joint tax return and your annual income is more than \$170,000 you will pay a higher Part B premium on your modified adjusted gross income.

If you have group insurance, check with your employer to see if you are required to select Part B. Your group benefits may be reduced if you do not enroll in Part B when you are eligible.

PART C

Medicare Advantage Plans are health plan

options that are approved by Medicare and run by private companies. **The Insurance Commissioner has no jurisdiction over these health plans.** These plans are part of Medicare, and sometimes called “Part C.” They provide all your Part A and Part B covered services. Medicare Advantage Plans provide Medicare covered benefits to Medicare members through the plan, and may offer prescription drug benefits as well as extra benefits that Medicare doesn’t cover, such as vision or dental services. If you join one of these plans, you generally get all your Medicare-covered health through the plan and will use the health care card that you receive from your Medicare Advantage Plan. You may need a referral to see a specialist. In some plans, you can only see doctors who belong to the plan or go to certain hospitals to get covered services. If you’re in a Medicare Advantage Plan, you generally don’t need a Medigap policy because they cover many of the same benefits.

PART D

Medicare offers prescription drug coverage (Part D) for everyone with Medicare. This coverage may help you lower your prescription drug costs and help you protect against higher costs in the future. It can give you greater access to drugs that you can use to prevent complications of diseases and stay well. To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered. If you join a Medicare drug plan, you usually pay a monthly premium. If you decide not to join a Medicare drug plan when you are first eligible, you may pay a penalty if you choose to join later. If you have limited income and resources, you might qualify for extra help paying your Part

D costs. For more information about extra help with prescription drug costs and how to apply, call DMAB at 1-800-336-9500.

WHAT IS NOT COVERED BY MEDICARE

Medicare does not cover everything. You are responsible for paying uncovered medical expenses, sometimes called “gaps.” Items and services **not covered** include but are not limited to the following:

- ◆ Acupuncture.
- ◆ Deductibles, coinsurance or co-payments when you obtain certain health care services.
- ◆ Dental care and dentures (with a few exceptions).
- ◆ Cosmetic surgery.
- ◆ Long-term care, like custodial care (help with bathing, dressing, using the bathroom and eating) at home or in a nursing home.
- ◆ Eye care (routine exam), eye refractions.
- ◆ Hearing aids and hearing exams for the purpose of fitting a hearing aid.
- ◆ Hearing tests that haven’t been ordered by your doctor.
- ◆ Orthopedic shoes (with a few exceptions).
- ◆ Prescription drugs (with a few exceptions).
- ◆ Routine foot care, such as cutting of corns or calluses (with a few exceptions).
- ◆ Vaccinations (exception influenza, Hepatitis B and pneumococcal).
- ◆ Diabetic supplies (like syringes or insulin, unless the insulin is used with a pump or it may be covered by Medicare Part D).
- ◆ Chiropractic services exception to correct a subluxation (when bones in your spine move out of position) using manipulation of the spine. You are responsible for coinsurance, and the Part B deductible applies.

GAPS IN MEDICARE

PART A INPATIENT HOSPITAL COVERAGE, YOU

PAY:

- ◆ \$1,316 deductible on first admission to hospital in each benefit period.*
- ◆ \$329 daily coinsurance for days 61 through 90.*
- ◆ All charges for coverage after 90 days in any benefit period unless you have and use lifetime reserve days.
- ◆ \$658 daily coinsurance for each lifetime reserve day used.*
- ◆ For a private hospital room, unless medically necessary, and for a private duty nurse.
- ◆ For nonemergency care in a hospital that does not participate in the Medicare program.
- ◆ For care received outside the United States and its territories, except under limited circumstance in Canada and Mexico.

PSYCHIATRIC HOSPITAL COVERAGE, YOU PAY:

- ◆ For all care after you have received 190 days of specialized treatment in a psychiatric hospital during your lifetime.
- ◆ The gaps in general hospital coverage.

SKILLED-NURSING FACILITY COVERAGE (SNF), YOU PAY:

- ◆ \$164.50 daily coinsurance for days 21 through 100 in each benefit period.
- ◆ All cost for care after 100 days in a benefit period.
- ◆ All costs if you were not transferred to the SNF in a timely manner after a qualifying hospital stay.

- ◆ For care in a SNF not approved by Medicare.
- ◆ For custodial care in a Medicare-approved SNF.
- ◆ For care in a general nursing home.

HOME HEALTH COVERAGE, YOU PAY:

- ◆ For full-time nursing care.
- ◆ For meals delivered to your home.
- ◆ For prescription drugs.
- ◆ 20% of the Medicare-approved amount for durable medical equipment, plus charges in excess of the approved amount on unassigned claims (claims submitted for a service or supply by a provider who doesn't accept assignment).
- ◆ For homemaker services that primarily assist you in meeting personal care or housekeeping needs.

HOSPICE COVERAGE, YOU PAY:

- ◆ Limited charges for inpatient respite care and outpatient drugs.
- ◆ Deductibles and coinsurance amounts when regular Medicare benefits are used for treatment of a condition other than terminal illness.

GAPS IN MEDICARE PART B

YOU WILL BE RESPONSIBLE FOR:

- ◆ \$183 annual deductible.*
- ◆ Generally, 20% coinsurance and permissible charges in excess of Medicare-approved amount.
- ◆ All charges for most services that are not reasonable and necessary for the diagnosis or treatment of all illness or injury.
- ◆ All charges for most self-administered prescription drugs and immunizations.
- ◆ All charges for non-covered services listed on Page 5 of this booklet ("What is Not Covered By Medicare").

ABOUT MEDICARE SUPPLEMENT COVERAGE

WHAT IS A MEDIGAP POLICY?

A Medigap policy (also called “Medicare Supplement Insurance”) is private health insurance that’s designed to supplement Original Medicare. This means it helps pay some of the health care costs (“gaps”) that Original Medicare doesn’t cover (like copayments, coinsurance, and deductibles). If you have Original Medicare and a Medigap policy, Medicare will pay its share of the Medicare-approved amounts for covered health care costs. Then your Medigap policy pays its share. A Medigap policy is different from a Medicare Advantage Plan (like an HMO or PPO) because those plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits. **Note:** Medicare doesn’t pay any of the costs for you to get a Medigap policy.

WHEN IS THE BEST TIME TO BUY A MEDIGAP POLICY?

The best time to buy a Medigap policy is during your Medigap open enrollment period. This period lasts for 6 months and begins on the first day of the month in which you’re both 65 or older and enrolled in Medicare Part B. During this period, an insurance company can’t use medical underwriting. This means the insurance company can’t do any of the following because of your health problems:

- Refuse to sell you any Medigap policy it offers
- Charge you more for a Medigap policy than they charge someone with no health problems

- Make you wait for coverage to start (except as explained below)

While the insurance company can’t make you wait for your coverage to start, it may be able to make you wait for coverage related to a pre-existing condition. A pre-existing condition is a health problem you have before the date a new insurance policy starts. In some cases, the Medigap company can refuse to cover your out-of-pocket costs for these pre-existing health conditions for up to 6 months. This is called a “pre-existing condition waiting period.” After 6 months, the Medigap policy will cover the pre-existing condition. Coverage for a pre-existing condition can only be excluded in a Medigap policy if the condition was treated or diagnosed within 6 months before the date the coverage starts under the Medigap policy. This is called the “look-back period.” After the 6-month pre-existing waiting period, the Medigap policy will cover the condition that was excluded. Remember, for Medicare-covered services, Original Medicare will still cover the condition, even if the Medigap policy won’t cover your out-of-pocket costs, but you’re responsible for the coinsurance or copayment.

If you have a pre-existing condition and you buy a Medigap policy during your Medigap open enrollment period and you’re replacing certain kinds of health coverage that counts as “creditable coverage,” it’s possible to avoid or shorten waiting periods for pre-existing conditions. Prior creditable coverage is generally any other health coverage you recently had before applying for a Medigap policy. If you have had at least 6 months of continuous prior creditable coverage, the Medigap insurance company can’t make you wait before it covers your pre-existing conditions.

There are many types of health care coverage that may count as creditable coverage for this purpose. If you buy a Medigap policy when you have guaranteed issue right (also called “Medigap protection”), the insurance company can’t use a pre-existing condition waiting period.

It’s very important to understand your Medigap open enrollment period. Medigap insurance companies are generally allowed to use medical underwriting to decide whether to accept your application and how much to charge you for the Medigap policy. However, if you apply during your Medigap open enrollment period, you can buy any Medigap policy the company sells, even if you have health problems, for the same price as people with good health.

If you apply for Medigap coverage **after** your open enrollment period, there is no guarantee that an insurance company will sell you a Medigap policy if you don’t meet the medical underwriting requirements, **unless** you’re eligible based on Medigap protections listed on the next page.

It’s also important to understand that your Medigap rights may depend on when you choose to enroll in Medicare Part B. If you’re 65 or older, your Medigap open enrollment period begins when you enroll in Part B **and** can’t be changed or repeated. In most cases, it makes sense to enroll in Part B when you’re first eligible, because you might otherwise have to pay a Part B late enrollment penalty.

If you or your spouse is still working and you have coverage through an employer, contact your employer or union benefits administrator to find out how your insurance works with Medicare. You may want to wait

to enroll in Part B. This is because employer plans often provide coverage similar to Medigap, so you don’t need a Medigap policy.

When your employer coverage ends, you will be able to enroll in Part B without a late enrollment penalty. This means your 6-month Medigap open enrollment period will start when you’re ready to take advantage of it. If you enrolled in Part B while you still had the employer coverage, your Medigap open enrollment period would be limited to 63 days.

MEDIGAP OPTIONS FOR BENEFICIARIES UNDER AGE 65

Senate Bill 42 (SB 42) requires insurance companies that offer Medigap (Medicare supplemental insurance) policies to people 65 and older to also offer the same policies to anyone under the age of 65 who qualifies for Medicare due to a disability.

Newly enrolled Medicare recipients under age 65 have six months to purchase one of these plans, from the time benefits begin.

Premium rates for the pre-65 Medigap policies may differ from the premium rates for the post-65 Medigap policies, and that the risks assumed by carriers with respect to the pre-65 Medigap policies may not be subsidized by purchasers of the post-65 Medigap policies. SB 42 requires two different ratings pools for the pre-65 Medigap policies: one for end-stage renal disease and another for all other.

MEDIGAP PROTECTION

If you lose your health coverage under certain circumstances, you will have a right to purchase a Medigap policy (Plan A, B, C, F, K or L) as long as you apply within 63 days of losing your coverage. Special protections apply with regard to pre-existing conditions and for the disabled. The circumstances include:

- ◆ You are in a Medicare Advantage Plan, and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.
- ◆ You were in an employer health plan that terminated coverage.
- ◆ You move outside the plan's service area.
- ◆ You join a Medicare Advantage plan when you first become eligible for Medicare at age 65 and you leave the plan within one year.
- ◆ You drop your Medigap policy to join a Medicare Advantage plan for the first time and you leave within one year of joining.
- ◆ You leave a plan because it failed to meet its obligations to you.
- ◆ Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.

The terminating plan is required to provide you with written proof of coverage as evidence of continuous insurance for enrolling in another plan. Do not destroy or lose this notification.

FINANCIAL ASSISTANCE

MEDICARE SAVINGS PROGRAMS (MSP)

For certain low-income individuals entitled to Medicare Part A, the MSP may pay some or all of Medicare's premiums, deductibles and coinsurance. The programs that help pay Medicare's premiums are called the QMB program, the SLMB program, and the QI-1 program. For eligibility requirements, please contact DMAB at (800) 336-9500.

*Deductible and coinsurance amounts are set by CMS and change at the start of each calendar year. You are responsible for these amounts and uncovered medical expenses.

EXTRA HELP (LOW-INCOME SUBSIDY/LIS)

Medicare beneficiaries are eligible for extra help if they have limited income and resources. You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help. The extra help is estimated to be worth an average of \$4,000 per year.

DELAWARE PRESCRIPTION ASSISTANCE PROGRAM (DPAP)

The Delaware Prescription Assistance Program, (DPAP) provides a \$3,000 prescription benefit per year for low-income senior or low-income disabled person. Eligible individuals are responsible for a minimum co-pay of \$5 or 25% whichever is greater. You must be enrolled in a Medicare Part D drug plan to receive DPAP assistance.

MEDIGAP PLANS

HOW TO READ THE CHART:

If a checkmark appears in a column of this chart, the Medigap policy covers 100% of the described benefit. If a column lists a percentage, the policy covers that percentage of described benefit. If a column is blank, the policy doesn't cover that benefit.

Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

Medigap Benefits										
Medigap Benefits	A	B	C	D	F*	G	K	L	M	N
Medigap Part A Coinsurance hospital costs up to an additional 365 days after Medicare	√	√	√	√	√	√	√	√	√	√
Medicare Part B Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√ ^{***}
Blood (First 3 Pints)	√	√	√	√	√	√	50%	75%	√	√
Part A Hospice Care Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√
Skilled Nursing Facility Care Coinsurance			√	√	√	√	50%	75%	√	√
Medicare Part A Deductible		√	√	√	√	√	50%	75%	50%	√
Medicare Part B Deductible			√		√					
Medicare Part B Excess Charges					√	√				
Foreign Travel Emergency (Up to Plan Limits)			√	√	√	√			√	√
Medicare Preventive Care Part B Coinsurance	√	√	√	√	√	√	√	√	√	√
							Out-of-Pocket Limit**			
							\$5,120	\$2,560		

*Plan F also offers a high-deductible plan. This means you must pay for Medicare covered costs up to the deductible amount \$2,200 in 2017 before your Medigap plan pays anything.

**After you meet your out-of-pocket yearly limit and your yearly part B deductible (\$183 in 2017), the Medigap plan pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments.

***Plan N pays 100% of the Part B co-insurance except up to \$20.00 copayment for office visits and up to \$50.00 for emergency department visits.

SHOPPER'S GUIDE FOR STANDARD AND HIGH-DEDUCTIBLE PLANS

Rates are determined in one of three ways:

- ◆ Issue Age - The premium is based on the age you are when you buy (are “issued”) the Medigap policy.
- ◆ Attained Age - The premium is based on your current age (the age you have “attained”), so your premium goes up as you get older.
- ◆ Community Rated - Generally the same monthly premium is charged to everyone who has the Medigap policy, regardless of age.

Remember: All companies must offer Plan A, the basic Benefits. All other plans build upon Part A.

PLAN A (BASIC BENEFITS)

- ◆ Coverage for the Part A coinsurance amount (\$329 per day in 2017) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- ◆ Coverage for the Part A coinsurance amount (\$658 per day in 2017) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
- ◆ After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime.
- ◆ Coverage under Medicare Part A and B for the reasonable cost of the first three pints of blood or equivalent quantities of pack red blood cells per calendar year unless replaced in accordance with federal regulations.
- ◆ Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 20% of approved charges for outpatient mental health

services) after \$183 annual deductible is met.

- ◆ Hospice.
- ◆ Coverage for Medicare-covered preventative care.

PLAN B

Includes the basic benefits under Plan A plus

- ◆ Coverage for the Medicare Part A inpatient hospital deductible (\$1,316 per benefit period 2017).

PLAN C

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$164.50 per day for days 21 through 100 per benefit period in 2017).
- ◆ Coverage for the Medicare Part B deductible (\$183 per calendar year in 2017).
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

-
- ◆ Coverage for Medicare Preventive Care Part B Coinsurance.

PLAN D

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$164.50 per day for days 21 through 100 per benefit period in 2017).
- ◆ 80% coverage for medically necessary emergency care in foreign country, after a \$250 deductible.

PLAN F

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$164.50 per day for days 21 through 100 per benefit period in 2017).
- ◆ Coverage for the Medicare Part B deductible (\$183 per calendar year in 2017).
- ◆ Coverage for the 100% of Medicare Part B excess charges.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

PLAN F*

High-deductible plan:

- ◆ This high-deductible plan offers the same benefits as Plan F after you have a paid a calendar-year \$2,200 deductible.
- ◆ Benefits will not begin until your out-of-pocket expenses are \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductible for Parts A and B, but not the plan's separate foreign travel emergency deductible.

PLAN G

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care Coinsurance amount (\$164.50 per day for days 21 through 100 per benefit period in 2017).
- ◆ Coverage for 100% of Medicare Part B excess charges.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- ◆ Coverage for Medicare Preventive Care Part B Coinsurance.

ABOUT PLANS K AND L

Plans K and L provide different cost-sharing for items and services than Plan A-G. Once you reach the annual limit, the plan plays for 100% of the Medicare co-payments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include provider charges that exceed Medicare-approved amounts, called "excess charges." You will be responsible for paying excess charges.

PLAN K INCLUDES:

- ◆ 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end.
- ◆ 50% of hospice cost-sharing.
- ◆ 50% of Medicare-eligible expenses for the first three pints of blood.
- ◆ 50% of Part B coinsurance.
- ◆ 100% coinsurance for Part B preventive services.
- ◆ 50% skilled-nursing facility coinsurance.
- ◆ 50% Part A deductible.
- ◆ \$5,120 out-of-pocket annual limit.

PLAN L INCLUDES:

- ◆ 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits ends.
- ◆ 75% hospice cost-sharing.
- ◆ 75% of Medicare eligible expenses for the first three pints of blood.
- ◆ 75% of Part B coinsurance.
- ◆ 100% coinsurance for Part B preventive services.
- ◆ 75% skilled-nursing facility coinsurance.
- ◆ 75% Part A deductible.
- ◆ \$2,560 out-of-pocket annual limit.

PLAN M

Includes the basic benefits under Plan A plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$164.50 per day for days 21 through 100 per benefit period in 2017).
- ◆ 50% Part A deductible.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

PLAN N

Includes the basic benefits under Plan A and Plan B plus:

- ◆ 100% of the Part B coinsurance except up to \$20.00 copayment for office visits and up to \$50.00 for emergency department visits.
- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$164.50 per day for days 21 through 100 per benefit period in 2017).
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

TIPS FROM THE COMMISSIONER

- You only need one Medigap policy.
- The lowest price is not always the best deal. If the policy is priced too low, you could be hit with a big price hike in the future.
- Don't be fooled by sales hype. All plans are identical from one insurance company to another - and must be labeled with the letters A, B, C, D, F, G, K, L, M or N.
- Your premiums are not guaranteed for life. They may (and probably will) go up.
- Medical conditions you had before purchasing the policy can be excluded, but not for longer than six months.
- All policies have a 30-day free look period. During this time, you may review the policy, cancel, and get a full refund.
- Pay by check. Make the check out to the insurance company, not the agent. Never pay with cash.
- If you are switching policies, do not cancel your current plan until you have received your new policy.

2017 COMPANY LISTING FOR MEDIGAP INSURANCE PLANS

**Aetna Health and Life Insurance Co.
Aetna Life Insurance Co.**

800 Crescent Centre Drive Ste. 200
Franklin, TN 37067
(888) 624-6290
www.aetnaseniorproducts.com

American National Life Ins Co of Tx

P O Box 10746
Springfield, MO 65808-0746
(866) 861-7304
www.americannational.com

American Retirement Life Insurance Co.

Two Liberty Place
1601 Chestnut Street
Philadelphia, PA 19192
(866) 459-4272
www.cigna.com

Americo Financial Life and Annuity

P. O. Box 410288
Kansas City, MO 64141
(800) 231-0801
www.americo.com

Bankers Fidelity Life Insurance Co.

84370 Peachtree Road NE
Atlanta, GA 30319
(866) 458-7504
www.bflif.com

Colonial Penn Life Insurance Co.

399 Market St.
Philadelphia, PA 19818
(800) 800-2254
www.equilife.com

Equitable Life & Casualty Insurance Co.

3 Triad Center
Salt Lake City, UT 84180
(877) 358-4060
www.equilife.com

Everence Association

1110 N. Main St., P.O. Box 483
Goshen, IN 46527
(800) 348-7468
www.everence.com

Gerber Life Insurance Co.

P. O. Box 2271
Omaha, NE 68103-2271
(844) 349-6581
www.gerberlifegroup.com

Globe Life And Accident Insurance Co.*

204 N. Robinson Ave.
Oklahoma City, OK 73102
(800) 331-2512
www.unitedamerican.com

Government Personnel Mutual Life

P. O. Box 2679
Omaha, NE 68103-2679
(877) 385-8083
www.gpmlife.com

Highmark Blue Cross/Blue Shield

800 Delaware Ave.
Wilmington, DE 19801
(866) 465-4030
www.highmarkbcbsde.com

*Underwritten by United American.

2017 COMPANY LISTING FOR MEDIGAP INSURANCE PLANS

Humana Insurance Co.
Humana Healthy Living
P.O. Box 146168
Lexington, KY 40512
(888) 310-8482
www.humana.com

Liberty Bankers Life Insurance Co.
P.O. Box 8080
McKinney, TX 75070
(844) 349-6581
www.libertynational.com

Reserve National Insurance Co.
601 E. Britton Rd.
Oklahoma City, OK 73114
(800) 654-9106
www.reservenational.com

State Farm Mutual Auto
P.O. Box 3070
Newark, OH 43058
(866) 855-1212

United American Insurance Co.
P.O. Box 8080
McKinney, TX 75070
(800) 331-2512
www.unitedamerican.com

USAA Life Insurance Co.
980 Fredericksburg Road
San Antonio, TX 78288
(800) 515-8687
www.usaa.com

Individual Assurance Co.
3200 East Memorial Rd. Ste. 100
Edmond, OK 73013
(844) 502-6780
www.iaclife.com

Omaha Insurance Co.
Mutual of Omaha Plaza
Omaha, NE 68175
(800) 667-2937
www.mutualofomaha.com

Standard Life & Accident Insurance Co.
1 Moody Plaza
Galveston, TX 77550
(866) 861-7304
www.slaico.com

Transamerica Life Insurance Co.**
300 Eagleview Blvd.
Exton, PA 19341-1155
(800) 752-9797
www.mymedsupinfo.com

United Healthcare (AARP)
P.O. Box 1017
Montgomeryville, PA 18936-1017
(800) 523-5800
www.uhc.com

**Must be affiliated (ex: union, club, veteran)

2017 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Aetna Health and Life Insurance Company	<65 Disabled	4417	5070			6546	2380	5097				4100
	<65 ESRD	21286	24505			31661	25732	24662				19852
	65	1306	1472			1890	688	1467				1176
	70	1486	1705			2201	800	1714				1379
	75	1641	1928			2507	911	1960				1583
	80	1752	2135			2807	1021	2208				1794
A												
Aetna Life Insurance Company	<65 Disabled	5947	7008			8262		7598				5832
	<65 ESRD	24391	27775			33224		30477				23358
	65	1545	1774			2077		1900				1451
	70	1768	2070			2437		2238				1715
	75	1966	2358			2794		2577				1986
	80	2083	2596			3110		2884				2239
A												
American National Life Insurance Co of Texas	<65 Disabled	4586				6310		5034				
	<65 ESRD	18345				25241		20138				
	65	1529				2103		1678				
	70	1678				2310		1839				
	75	1943				2678		2115				
	80	2207				3069		2425				
A												
American Retirement Life Insurance Company	<65 Disabled	2226				2956		2485				1778
	<65 ESRD	14502				19262		16195				11584
	65	1590				2100		1713				1229
	70	1869				2452		2033				1451
	75	2150				2856		2401				1718
	80	2416				3310		2804				2021
A												
Americo Financial Life and Annuity Insurance Company	<65 Disabled	2565				3202		2722				2234
	<65 ESRD	16713				20863		17734				14560
	65	1916				2376		1967				1617
	70	2155				2657		2227				1824
	75	2478				3094		2630				2159
	80	2714				3495		2994				2478
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

**** Call for Rates.

2017 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Bankers Fidelity Life Insurance Company	<65 Disabled	4131				7010	5464	6315	5901			
	<65 ESRD	29028				49262	38400	44376	41472			
	65	1620				2680	744	1692	924			
	70	1812				2996	816	1980	1092			
	75	2052				3379	924	2376	1308			
	80	2208				3630	996	2652	1464			
I,A												
Colonial Penn Life Insurance Company	<65 Disabled	5487	5103			7172	1196	5602	2255	4434	5273	4507
	<65 ESRD	33602	27368			29622	21433	26794	18170	26235	27518	23923
	65	2171	2005			2551	425	1852	700	1567	1835	1236
	70	2652	2441			3090	515	2279	855	1879	2274	1596
	75	3228	2954			3750	624	2805	1074	2295	2812	2043
	80	3774	3456			4474	745	3383	1328	2762	3364	2533
A												
Equitable Life and Casualty	<65 Disabled	4428				6539		3206				4133
	<65 ESRD	28353				41879		20530				26469
	65	2686				3923		2730				2480
	70	3260				4787		3089				3028
	75	3769				5568		3650				3519
	80	4123				6121		4231				3872
A												
Everence Association, Inc.	<65 Disabled	5234	6863	7829		8558				4275		
	<65 ESRD	20187	26473	22369		24451				16488		
	65	1495	1961	2237		2445				1221		
	70	1619	2135	2648		2652				1338		
	75	1698	2265	2977		2811				1427		
	80	1799	2434	3212		3043				1548		
I												
Gerber Life Insurance Company	<65 Disabled	4163				5965		5089				
	<65 ESRD	22758				24100		20531				
	65	1707				2420		2061				
	70	2019				2868		2443				
	75	2239				3236		2764				
	80	2378				3514		3011				
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

2017 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Globe Life And Accident Insurance Company	<65 Disabled	4516	5213	5622		5637	3672					
	<65 ESRD	8433	9787	10558		10589	6697					
	65	985	1445	1654		1665	402					
	70	1317	1819	2029		2041	525					
	75	1403	2074	2389		2404	654					
	80	1410	2096	2510		2528	815					
A												
Government Personnel Mutual Life Insurance Company	<65 Disabled	4833		6526		6683		5135				4540
	<65 ESRD	21894		22233		22770		17471				15410
	65	1738		2316		2372		1820				1605
	70	1922		2573		2635		2023				1786
	75	2194		2985		3057		2352				2082
	80	2431		3377		3458		2666				2368
A												
Highmark Blue Cross Blue Shield Delaware	<65 Disabled	2604	3128	4210	3181	4308	1502					3041
	<65 ESRD	17562	20295	27320	21104	27952	9788					22781
	65	1037	1245	1676	1266	1715	598					1211
	70	1436	1725	2321	1754	2375	828					1677
	75	1858	2232	3004	2270	3074	1072					2170
	80	2103	2525	3398	2568	3477	1212					2455
A												
Humana Insurance Company	<65 Disabled	5227	6258	7351		7501	2553		3308	4793		
	<65 ESRD	17400	20831	24472		24972	8499		11012	15954		
	65	1399	1675	1967		2008	683		885	1283		
	70	1653	1979	2325		2373	808		1046	1516		
	75	1917	2295	2696		2751	936		1213	1757		
	80	2179	2609	3065		3127	1064		1379	1998		
A												
Humana Insurance Company (Healthy Living)	<65 Disabled	5740				7769	2908		3684			5513
	<65 ESRD	18730				25469	9329		11905			17979
	65	1639				2182	881		1089			1578
	70	1912				2554	1016		1261			1840
	75	2194				2938	1155		1440			2111
	80	2474				3321	1294		1617			2380
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

**** Call for Rates.

2017 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Individual Assurance Company	<65 Disabled	2550				2939		2374				2004
	<65 ESRD	16618				19148		15467				13058
	65	1904				2180		1715				1450
	70	2142				2438		1941				1636
	75	2464				2839		2293				1936
	80	2747				3266		2659				2262
A												
Liberty Bankers Life Insurance Company	<65 Disabled	3357				4380		3511				3001
	<65 ESRD	23514				28957		23211				19839
	65	1495				1841		1476				1261
	70	1682				2057		1671				1423
	75	1933				2392		1973				1684
	80	2176				2778		2310				1987
A												
Omaha Insurance Company	<65 Disabled	3676				4838	1326	4160				3050
	<65 ESRD	19677				25891	7089	22267				16304
	65	1465				1928	528	1658				1215
	70	1666				2192	600	1885				1381
	75	1938				2550	699	2193				1607
	80	2113				2780	762	2391				1752
A												
Reserve National Insurance Company	<65 Disabled	2225		2660		2685	1006	2411				1988
	<65 ESRD	14252		17038		17198	14121	15443				12736
	65	1465		1740		1756	623	1536				1269
	70	1648		1946		1965	726	1739				1431
	75	1894		2264		2286	856	2052				1692
	80	2019		2491		2514	954	2275				1891
A												
Standard Life Accident Insurance Company	<65 Disabled	7268	8276	9409	5669	7737	965	5713				3732
	<65 ESRD	31332	37929	44407	40951	44515	10453	41061				26748
	65	3487	3970	4513	2719	3711	437	2740				1790
	70	4034	4593	5221	3146	4294	505	3170				2071
	75	4636	5278	6001	3616	4935	580	3009				2380
	80	5567	6339	7207	4343	5927	697	4376				2858
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

**** Call for Rates.

2017 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
State Farm Mutual Automobile Insurance Company	<65 Disabled	3754	4204	4556		4602						
	<65 ESRD	15988	17319	18027		18207						
	65	1420	1883	2141		2162						
	70	1788	2374	2698		2724						
	75	2072	2751	3125		3156						
	80	2328	3090	3511		3547						
A												
Transamerica Life Insurance Company	<65 Disabled	1975	2607	3085	2851	3102		2850	1421	2109	2597	2442
	<65 ESRD	11729	15486	18322	16938	18428		16929	8439	12526	15424	14504
	65	1167	1540	1823	1685	1833		1684	839	1246	1534	1443
	70	1467	1937	2291	2118	2304		2117	1055	1566	1929	1814
	75	1786	2357	2789	2578	2805		2577	1285	1907	2348	2208
	80	2105	2779	3288	3040	3307		3038	1514	2248	2768	2603
I												
United American Insurance Company	<65 Disabled	7369	9279	9567	9276	9594	3333	9301	4697	6554		7553
	<65 ESRD	18426	23201	24181	23471	24269	8336	23512	10501	14759		17007
	65	1947	3011	3286	3069	3277	431	3081	1444	2032		2393
	70	2341	3705	4093	3875	4072	563	3889	1926	2710		3039
	75	2495	4070	4625	4408	4598	702	4423	2146	3016		3483
	80	2499	4134	5046	4831	5013	875	4843	2259	3178		3865
I, A												
United Healthcare Insurance Company (AARP)	<65 Disabled	2868	3822	4665		4692			1554	2673		3219
	<65 ESRD	21135	23577	25578		25581			17943	21636		24630
	65	1115	1487	1814		1825			605	1039		1252
	70	1354	1805	2203		2216			734	1262		1520
	75	1752	2336	2851		2868			950	1633		1967
	80	1752	2336	2851		2868			950	1633		1967
C												
USAA Life Insurance Company	<65 Disabled	2703				4129						2876
	<65 ESRD	13678				18289						11924
	65	1361				2038						1408
	70	1591				2383						1646
	75	1897				2840						1958
	80	2197				3297						2275
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

**** Call for Rates.

2017 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

ATTENTION:

Premiums are accurate as of February 2017, but may change over the course of the year. For more updated rates, please contact the companies. Typically companies do not release information concerning premium rates until after the first quarter of the year. Each year the guide will be released during the subsequent quarter.

RESOURCES AVAILABLE TO YOU

DELAWARE MEDICARE ASSISTANCE BUREAU

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (S.H.I.P)

(800) 336-9500 or www.insurance.delaware.gov/DMAB

Delaware Medicare Assistance Bureau “DMAB”, Delaware’s State Health Insurance Assistance Program (S.H.I.P), a division of the Delaware Department of Insurance, offers free, objective information about Medicare, Medicare Advantage plans, Medicare claims, Medicare supplement insurance, Medicare prescription drug plans and long-term care insurance. Trained SHIP volunteer counselors are available for one-on-one counseling in every county in the state.

MEDICARE

(800) 633-4227 or www.medicare.gov

Medicare provides information 24 hours a day, seven days a week about eligibility, enrollment and coverage.

SOCIAL SECURITY ADMINISTRATION

(800) 772-1213 or www.socialsecurity.gov

Contact the Social Security Administration to enroll in Medicare Part A or B, or to request a replacement Medicare card.

EMPLOYER BENEFITS REPRESENTATIVE

See your representative for information about Employer Group Health Plan coverage.

DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)

(800) 372-2022

State DHSS offices have information about Medicaid and Medicare Savings Program eligibility and applications.

TRICARE FOR LIFE

(877) 874-2273 or www.tricare.mil

TRICARE for Life representatives can assist military retirees with questions on eligibility and coverage.

RESOURCES, CON'T.

DELAWARE PRESCRIPTION ASSISTANCE PROGRAM (DPAP)

(800) 996-9969 or www.dhss.delaware.gov/dhss/dmma/dpap.html

The Delaware Prescription Assistance Program, (DPAP) is funded by tobacco settlement money and provides a \$3,000 prescription benefit per year for low-income seniors or low-income disabled persons. To determine if you are eligible for assistance, please contact DPAP for prescription assistance.

AGING AND DISABILITY RESOURCE CENTER (ADRC)

(800) 223-9074

The Aging and Disability Resource Center is a one-step access point for information and services for older persons and disabilities with physical disabilities throughout the State.

NEMOURS SENIOR CARE

(302) 651-4405 (Wilmington) or (800) 763-9326 (Milford)

The privately funded Nemours Health Clinic provides dental, optometry and ophthalmology (eye) services including eyeglass; audiology (hearing) screenings and tests, and provides hearing aids for qualified senior citizens of Delaware. Some of the services require small co-pays.

Help From Delaware Medicare Assistance Bureau “DMAB”

The issues involved in Medicare, Medigap and other health insurance issues can be complex and confusing. For Delawareans with Medicare, the Insurance Commissioner’s DMAB program provides Medicare beneficiaries with information and counseling related to all types of health insurance. To contact DMAB, call 1-800-336-9500 or go to www.insurance.delaware.gov/DMAB. See back cover for more information.

IMPORTANT INFORMATION ABOUT MEDICARE ADVANTAGE (PART C)

ADVANTAGES:

- If you are receiving the Qualified Medicare Beneficiary (QMB) benefit, you **DO NOT** **NEED** a Medicare Advantage Plan.
- You are still in the Medicare Program; however, the Medicare Advantage plan administers all of your benefits.
- You still have all the rights and protections as original Medicare.
- Most plans include prescription drugs.
- You may receive additional benefits (vision, dental, hearing, which services are not provided by Medicare.)
- If you are unable to purchase a Medigap policy, you may be able to purchase a Medicare Advantage plan.

DISADVANTAGES:

- You no longer use your Medicare card, but the card provided by the Medicare Advantage plan.
- You must live in the plan's service area.
- In some cases, you must use doctors, specialists, and hospitals contracted by the Medicare Advantage plan (except in an emergency situation).
- You cannot have End-Stage Renal Disease (ESRD).
- You still have to pay your Medicare Part B premium.
- You pay deductible, coinsurance, and co-payment different than original Medicare.
- The plans are offered on a yearly contract. Every year you should review your plan to make sure it will be available the following year.
- In some cases, you need a referral to see a specialist.
- If you get healthcare outside the plan's network, you may have to pay the full cost.

REMEMBER, MEDICARE PLANS CAN CHANGE EACH YEAR

IMPORTANT MEDICARE DATES

OCTOBER-REVIEW AND COMPARE

Review: Your plan may change. Review any notices from your plan about changes for next year.

Compare: In October, use Medicare's tools to find a plan that meets your needs.

OCTOBER 15 – OPEN ENROLLMENT BEGINS

This is the one chance each year most people with Medicare have to make a change to their health and prescription drug plans for the next year.

Decide: October 15 is the first day you can change your Medicare coverage for next year. Make your choice as soon as possible to give the plan time to mail your membership card, acknowledgment letter, and welcome package before your coverage begins on January 1.

DECEMBER 7- OPEN ENROLLMENT ENDS

In most cases, December 7 is the last day you can change your Medicare coverage for the next year. The plan has to get your enrollment request (application) by December 7.

JANUARY 1 – COVERAGE BEGINS

Your new coverage begins if you switched to a new plan. If you stay with the same plan, January 1 is the date that any changes to coverage, benefits, or costs for the new year will begin.

JANUARY 1—MEDICARE ADVANTAGE DISENROLLMENT PERIOD

If you belong to a Medicare Advantage (MA) Plan, you can switch to Original Medicare from January 1—February 14. If you go back to Original Medicare during this time, coverage will begin the first of the month after you leave the MA plan. If you make this change, you may also join a Part D plan to add drug coverage. Drug coverage begins the first of the month after the plan gets the enrollment form. You cannot join another MA plan during this period.

FEBRUARY 14—MEDICARE ADVANTAGE DISENROLLMENT PERIOD ENDS

SCHEDULED INFORMATION SESSIONS

WELCOME TO MEDICARE:

CHEER Community Center, 10 a.m.– 12 noon
20520 Sandhill Road, Georgetown
Tuesday, June 13th
Thursday, September 21st

Dover Public Library, 10 a.m. - 12 noon
35 E Loockerman St. Dover
June, TBA
September, TBA

Hockessin Library, 10:15 a.m. - 12 noon
1023 Valley Road, Hockessin, DE
Monday, June 12th
Monday, September 18th

Newark Senior Center, 10 a.m. - 12 noon
200 White Chapel Road, Newark, DE
Wednesday, June 21st (Classroom 1/2)
Tuesday, September 12th (Evergreen Room)

Rockland Place, 10 a.m. - 12 noon
1519 Rockland Road, Wilmington, DE
Wednesday, June 14th
Wednesday, September 20th

**PLEASE CALL OUR OFFICE AT
(800) 336-9500 OR (302) 674-7364 TO
REGISTER.**

YEARLY MEDICARE PRESCRIPTION DRUG CHECK-UPS:

Newark Senior Center,
200 White Chapel Road, Newark
Friday, November 3rd

Hockessin Library,
1023 Valley Road, Hockessin
Monday, October 23rd
Monday, October 30th
Monday, November 6th

Claymore Senior Center,
504 S. Clayton Street, Wilmington
TBA

Department of Insurance, DMAB
Office,
841 Silver Lake Boulevard, Dover
Thursday, October 26th
Thursday, November 2nd
Thursday, November 16th

MOT Senior Center,
300 S. Scott St., Middletown
TBA

Georgetown Library,
123 West Pine St., Georgetown
Computer Lab (2nd Floor)
Tuesday, October 24th
Tuesday, November 7th
Tuesday, November 14th

**Please call our office at
(800) 336-9500 or (302) 674-7364 to
schedule an appointment time.**

Delaware Medicare Assistance Bureau

*DMAB provides free,
unbiased Medicare
counseling to all
Delawareans.*



1-800-336-9500

DMAB@state.de.us

insurance.delaware.gov/dmab

Main Office: Delaware Department of Insurance
Rodney Building
841 Silver Lake Blvd.
Dover, DE 19904

Wilmington Office: The Nemours Building
1007 Orange Street, Suite 1010
Wilmington, DE 19801

Hours: Monday - Friday, 8:00 am - 4:30 pm

The Delaware Medicare Assistance Bureau is a public service of the Delaware Department of Insurance and is funded in part by a grant from the federal Administration for Community Living.

